

SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT Title V Permit Summary

AQMD Facility ID:	144590	Company Name:	Caliber Collision Centers		
Equipment Location:	1100 Colorado Avenue, Santa Monica, CA 90401				SIC Code: 7535
Permit Revision #:	Revision Date:		Facility Permit Section(s) Affected:		
Application #(s):	502701		Application Submittal Date(s): 9/30/2009		
AQMD Contact Person:	Hamed Mandilawi		Phone #:	E-Mail Address:	
			(909) 396-	hmandilawi@aqmd.gov	
Project Description: This is an existing facility applying for a Title V permit renewal that is engaged in the business of automotive collision repair and painting. The facility operates three spray booths, four prep stations, two drying rooms, and other supporting equipment.					
Permit Type: <input type="checkbox"/> Initial Title V Permit <input type="checkbox"/> Significant Revision <input checked="" type="checkbox"/> Permit Renewal					
Permit Features: <input type="checkbox"/> Federally Enforceable Emission Cap For Exemption From Certain NESHAP Requirements <input type="checkbox"/> Permit Shield Applies <input type="checkbox"/> Permit Contains Conditions Allowing Emission Trading <input type="checkbox"/> Alternative Operating Scenario <input type="checkbox"/> Permit Streamlines Overlapping or Outdated Requirements <input type="checkbox"/> Other: _____ <input type="checkbox"/> Source Out of Compliance With Applicable Requirements and/or Operating Under a Variance					
Toxic Air Contaminant Emissions (TAC) - Annual Reported Emissions for Reporting Year: 2008			<input checked="" type="checkbox"/> No TACs Reported <input type="checkbox"/> <u>The Following TACs Were Reported:</u> <u>Emissions (lbs/yr):</u>		
Health Risk From Toxic Air Contaminants: <input type="checkbox"/> Health Risk Reduction Plan in Force (AQMD Rule 1402) (date): _____ <input type="checkbox"/> Health Risk Assessment Required for this Permit Action (AQMD Rule 1401) <input checked="" type="checkbox"/> Facility is Subject to Review by the Air Toxics Information and Assessment Act (AB2588) <input type="checkbox"/> Facility Determined to be Exempt from AB2588 Requirements <input checked="" type="checkbox"/> AQMD is Tracking Status of Facility under AB2588 <input type="checkbox"/> Health Risk Assessment Submitted to AQMD and Is Being Reviewed <input type="checkbox"/> Final Facility Health Risk Approved (date) _____ Cancer Risk = _____ in one million Acute Hazard Index = _____ Chronic Hazard Index = _____					
Criteria Pollutant Emissions			<input checked="" type="checkbox"/> NOx 0.051 <input type="checkbox"/> PM 0.03		
Annual Reported Emissions			<input checked="" type="checkbox"/> CO 0.013 <input type="checkbox"/> SOx 0.001		
(tons/year) for Reporting Year: 2008			<input checked="" type="checkbox"/> VOC 1.147 <input type="checkbox"/> Other: _____		
Compliance History: <input checked="" type="checkbox"/> Citizen Complaints Filed in Last Two Calendar Years (# 0) <input checked="" type="checkbox"/> Notices to Comply Issued in Last Two Calendar Years (# 0) <input checked="" type="checkbox"/> Notices of Violation Issued in Last Two Calendar Years (# 0)					
Comments:					